Name In Full

Certificate of Death

Linda Eastbourne

Town

Died at near Eulocks County Dorchester MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	1	23		1	6			

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husbend of

Wife

Fether's Name

Mother's Name 1466

Cause of Death — Primery: Brain Effects of burns

Immediate: burned

How long sick

Accident, Suicide, Homicide

Reported by Carrier 1-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79868

Name in Full

Charles Coles

Certificate of Death

Died at Town: Hawkins County: Worcester MARYLAND

Date 189 9 Month: Jan. Day: 16 Age Y. 19 M. - D. -

Native of: Md. Occupation: Fisherman

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced

Number of children living: /

~~Husband~~ ~~or~~ ~~Wife~~

Father's Name: Gustus Coles

Mother's Name: Mary Coles

Cause of Death — Primary: Phthisis Pulmonalis

How long sick: 6 months

Immediate

Accident, Suicide, Homicide

Reported by: Dr. A. Savard

Address: Salem - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55888

Name In Full

Samuel E. Collins

Certificate of Death

Died at East Newmarket (Town) Dorchester (County) MARYLAND

Date 189 9 Month 12 Day 7 | Age 73 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Dorchester Standard 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full

Certificate of Death

Martha Jane Henry

Town: Near Salem

County: Kor Co

MARYLAND

Died at

Date 1899 Month 1 Day 28

Age Y. 64 M. D.

Native of Worcester County, Md.

Occupation

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living 8

~~Husband~~ / Wife of Wm J. Henry

Father's Name

Mother's Name Mary Gaskins

Cause of Death: Primary Interstitial Nephritis — How long sick 3 months or more

Immediate Pneumonia

97

~~Accident, Suicide, Homicide~~

Reported by Geo P Jones

Address E. N. Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full — Certificate of Death

Ger. A. Kiah

Died at Town: Cambridge — County: Dorchester — MARYLAND

Date 189 Month: / Day: 14 — Age: Y. M. D. — Native of — Occupation

Male / ~~Female~~ — ~~White~~ / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of
Wife

Father's Name — Mother's Name

Cause of Death — Primary: Poisoned 1526 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dr. Norman Co Nov 21-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Dr. Guy Steele 4-4

" John Mack 4-7th

Name In Full Mary Jane Kralp

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month 1 Day 17

Age Y. M. D.

Native of

Occupation

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Poisoned 1526 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Accomac News 1-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70858

Dr. Guy Steele 4-4

" John Mace, Concordia 4-7 Jy.

Name in Full — Certificate of Death

Lena LLongfe

Died at Town: Caulndge — County: Dorchester — MARYLAND

Date 1899 Month: January Day: 30 — Age Y. 27. M. D. — Native of Dorchester Co — Occupation Housewife

~~Male~~ — White — Married 7. — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 3.

Husband / Wife of J. J. LLongfe

Father's Name Jas Oakins — Mother's Name Annie Oakins

Cause of Death — Primary: Measles — 5 — How long sick 3 weeks —

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by Dr Goldsborough

Address Caulndge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Rose Marie Maguire

Certificate of Death

Died at Town: Woodland's County: Dorchester MARYLAND

Date 189 4 Month 1 Day 12 | Age Y. 2 M. 10 D. | Native of | Occupation

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name: Edward Maguire Mother's Name: Emma Maguire

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Dorchester Standard

Address: 1-21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7099R

Name in Full

Captain James Mills

Certificate of Death

Died at Town: Rockhold County: Dorchester MARYLAND

Date 189 9 Month: 11 Day: 18 Age: Y. 75 M. D. Native of Occupation

Male / ~~Female~~ White / Colored Married / Single Widow / Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name 143

Cause of Death — Primary: Over with an accident — How long sick 1 year

Immediate: by breaking one of his legs — Accident, Suicide, Homicide

Reported by Conducted Standard

Address [redacted] 1-21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70778

Name In Full

Certificate of Death

Tillie Mills

Town: Sandville County: Worcester

Died at: MARYLAND

Date 1897: Month 1, Day 9

Age: Y. 82, M. 4, D. 8

Native of: Md

Occupation: Farmer's

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living: 4

Husband of Wife: John H Mills

Father's Name:

Mother's Name:

Cause of Death — Primary: Old age 141

How long sick: 2 days

Immediate:

Accident, Suicide, Homicide

Reported by: A. J. Purnell

Address: Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

Name in Full

Margaret Emma Palmer

Certificate of Death.

Died at Hudson (Town) Rochester (County) MARYLAND

Date 1897 Month Jan Day 22

Age Y. 1 M. D.

Native of U. S.

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name Jas Palmer

Mother's Name Carrie Palmer

Cause of Death: Primary Bronchitis acute 6 9

Immediate

How long sick 1 week

Accident, Suicide, ~~Homicide~~

Reported by A. A. Hines M D

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 68668

Name in Full

Certificate of Death

Courtney Richardson

Died at Town: Cambridge County: Dorchester County MARYLAND

Date 189 9 Month: Jan Day: 2 | Age Y. 9 M. D. | Native of Md. | Occupation School girl

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name Wesley Richardson | Mother's Name Elma Davis

Cause of Death: Primary Typhoid fever | How long sick 3 weeks

Immediate | Accident, Suicide, Homicide

Reported by John Marr M.D.

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name In Full

Certificate of Death

Hazel May Vickers

Died at Town: Salem County: Dorchester MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	1	19		11		

Date 189 — Age

~~Male~~ Female — White ~~Colored~~ — Married Single Widow Widower Divorced — Number of children living

Husband of Wife

Father's Name: John G. Vickers

Mother's Name

Cause of Death — Primary: 161 — Immediate

How long sick

Accident, Suicide, Homicide

Reported by Brunswick Herald 1-27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Abe Alcorn

Certificate of Death

Town Crapo County

Died at Crapo 1897 MARYLAND

Month 1 Day 8 | Y. 70 M. D. | Native of Md | Occupation Farmer

Date 189 | Age

Male / ~~Female~~ | ~~White~~ / Colored | Married / Single | ~~Widow~~ / Widower | Divorced | Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary 44 — How long sick 10 days

Immediate Paralysis — Accident, Suicide, Homicide

Reported by A. J. Kerbaugh

Address Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70948

Name in Full

Certificate of Death

Priscilla A. Webster

Died at East New Market (Town) Dorchester (County) MARYLAND

Date 1899 Month 1 Day 17

Age Y. 60 M. 9 D.

Native of Md

Occupation Home wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 9 Sons

~~Husband~~ Wife of Samuel L. Webster

Father's Name Benjamin Shepard

Mother's Name

Cause of Death: Primary Erysipelas. 125-

Immediate Toxemia

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by Geo L. Jones

Address East New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full William D Kelley

Certificate of Death

Town Lawrence County Lee

Died at Lawrence MARYLAND

Date 189 7 Month 1 Day 5 | Age Y. 82 M. 9 D. 7 | Native of SC | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 7

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary 57 — How long sick Several Yrs

Immediate Heart disease — Accident, Suicide, Homicide

Reported by A. J. Kinnon

Address Bamberg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____